

## VI. CONTRACT REPRESENTATIVES.

The following will act as the Representative authorized to administer activities under this Contract on behalf of their respective Party.

### System Agency

Health and Human Services Commission -- Women's Health Services  
Address: 1100 W. 49<sup>th</sup> Street  
Austin, TX 78756  
Attention: Camille Laosebikan  
Email: [Camille.Laosebikan@hhsc.state.tx.us](mailto:Camille.Laosebikan@hhsc.state.tx.us)  
Phone: (512) 776-3561

### Grantee

Women's Health Care Center, Inc.  
2914 S. Buckner Blvd., Ste. B  
Garland, TX 75227  
Attention: Sherry Tenison  
Email: [REDACTED]  
Phone: (214) 275-5256

## VII. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

### System Agency

Health and Human Services Commission  
4900 North Lamar Blvd.  
Austin, TX 78751  
Attention: HHSC Chief Counsel Karen Ray

### Grantee

Contractor Name Women's Health Care Center, Inc  
Address 2914 S Buckner Blvd. Ste B  
City, State ZIP Dallas, Texas 75227  
Attention: Sherry Tenison

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notice by written notice to the other Party.

